

PROVIDER RESPONSE ORGANIZATION

PROACT

FOR ADDICTION CARE & TREATMENT


Cabell Huntington
Hospital

 Marshall Health

 **ST MARY'S**
MEDICAL CENTER

 Thomas Health

 **VALLEY HEALTH**

Director's Report

May 8, 2019

MC-WV-02136



5/8/2019

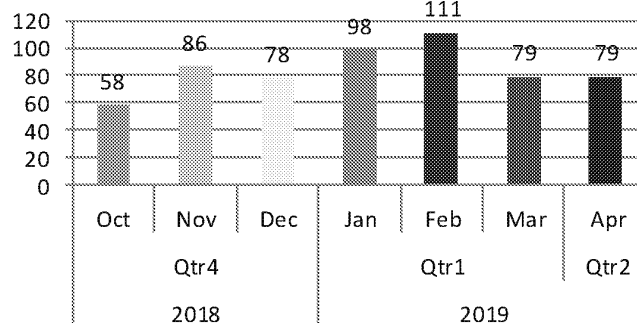
Director's Report

Work continues on the planning phase for PROACT—Charleston. We are looking at space at St. Francis Hospital in Charleston, WV, and an architect has been engaged to produce some preliminary drawings for the space. Once a final decision has been made our partners can begin the necessary filings to gain approval for the provision of services in that area.

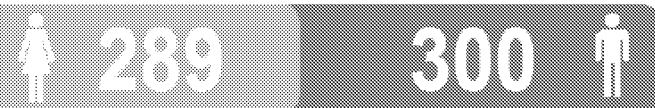
We are currently making another effort to recruit physicians and other prescribers. A recent email was sent out to area physicians regarding information about PROACT and practicing there as well as information about an upcoming waiver training hosted by Marshall Health and to be held on June 6th, 2019 from 12:30 PM — 4:45 PM.

In Huntington we have formed a Clinical subcommittee and have had two meetings focused on issues faced at the Huntington location. Our last meeting looked at possibly working with the CDC on a PrEP model to address patients at risk for HIV.

PROACT Intakes by Month



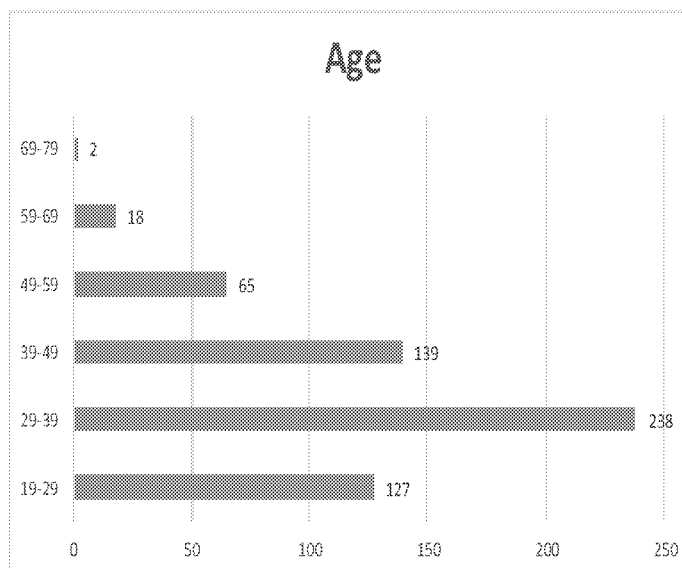
The number of intake assessments completed at PROACT remained the same as that of the previous month showing no further decline from months prior.



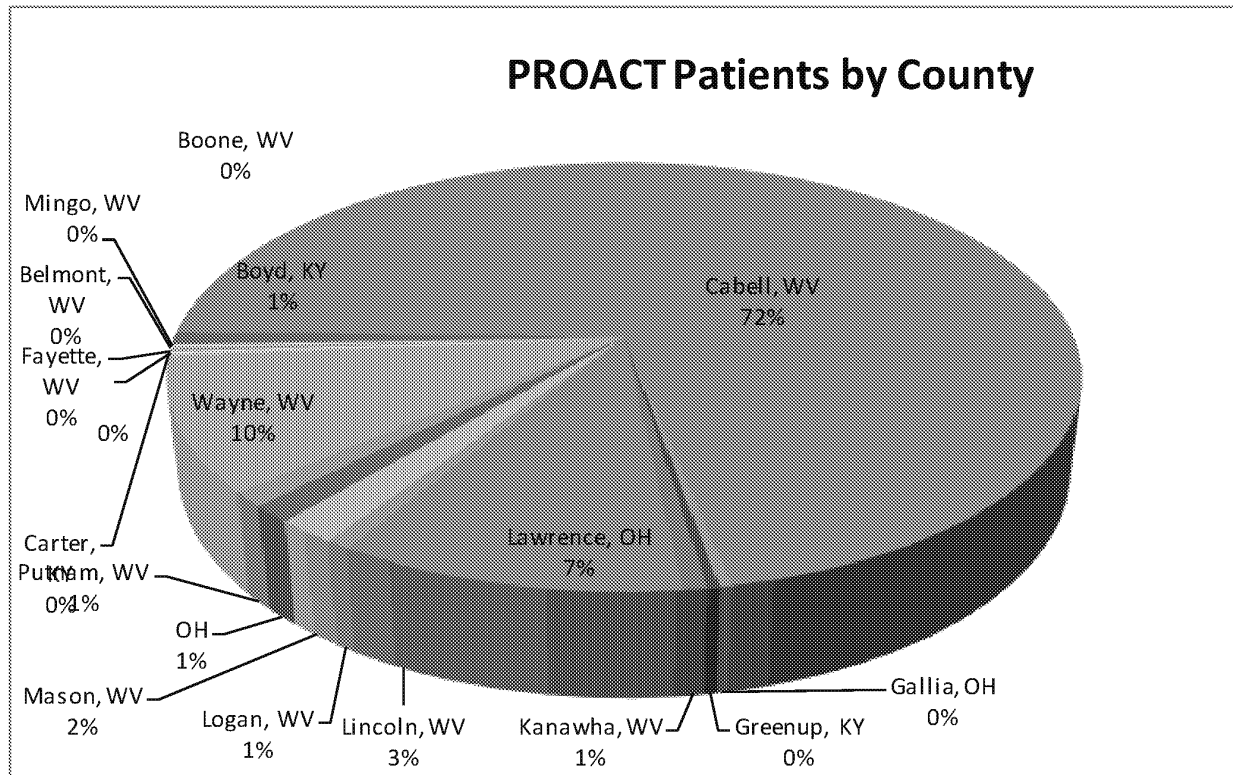
Demographic breakdown between genders remains very close with our overall mix being a 289/300 split. For the first time, the month of April saw more intakes by women than by men.



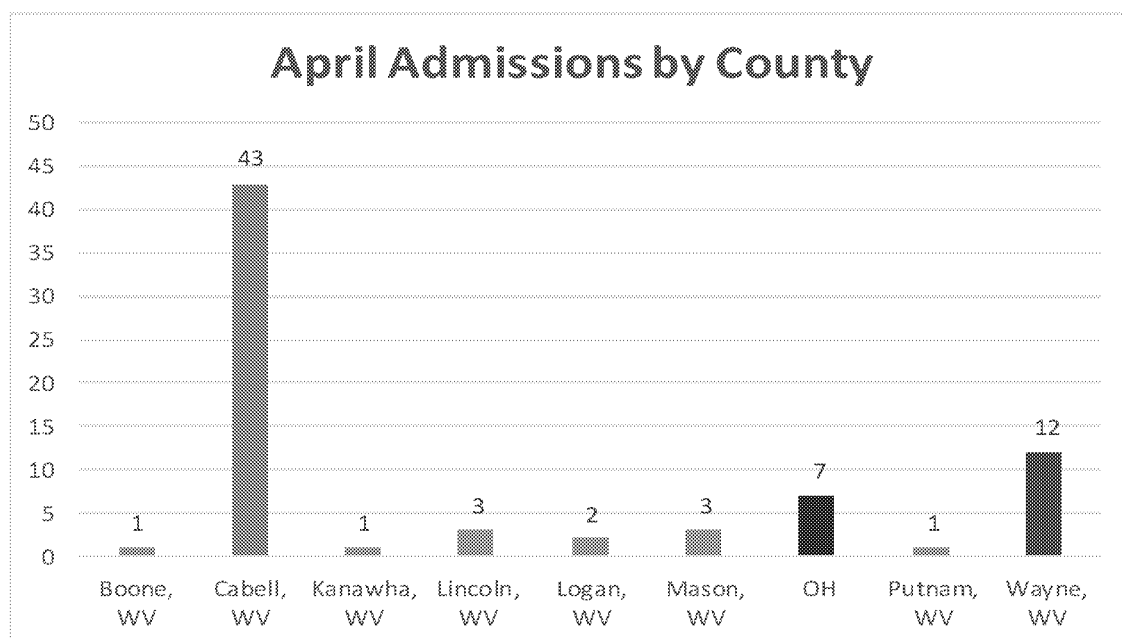
Our average age remains 37 with the age group of 29-39 comprising the majority of our population.



PATIENT ADMISSION BY RESIDENCE

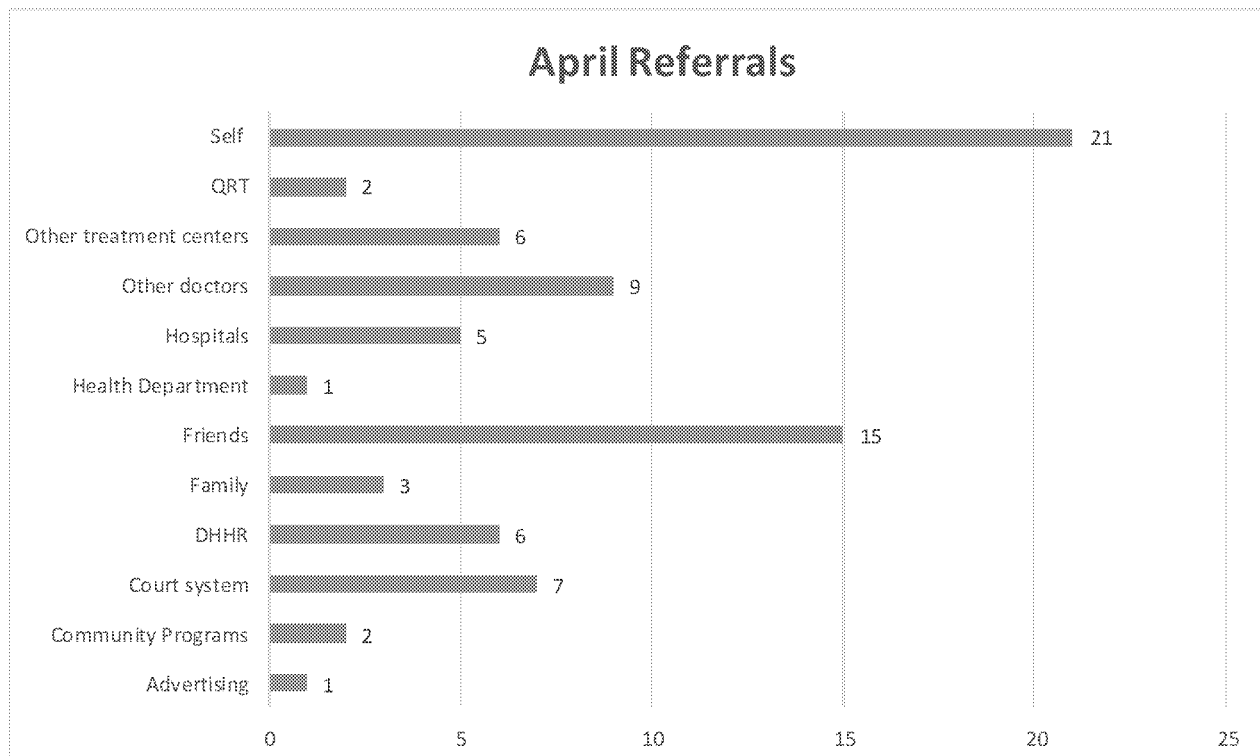
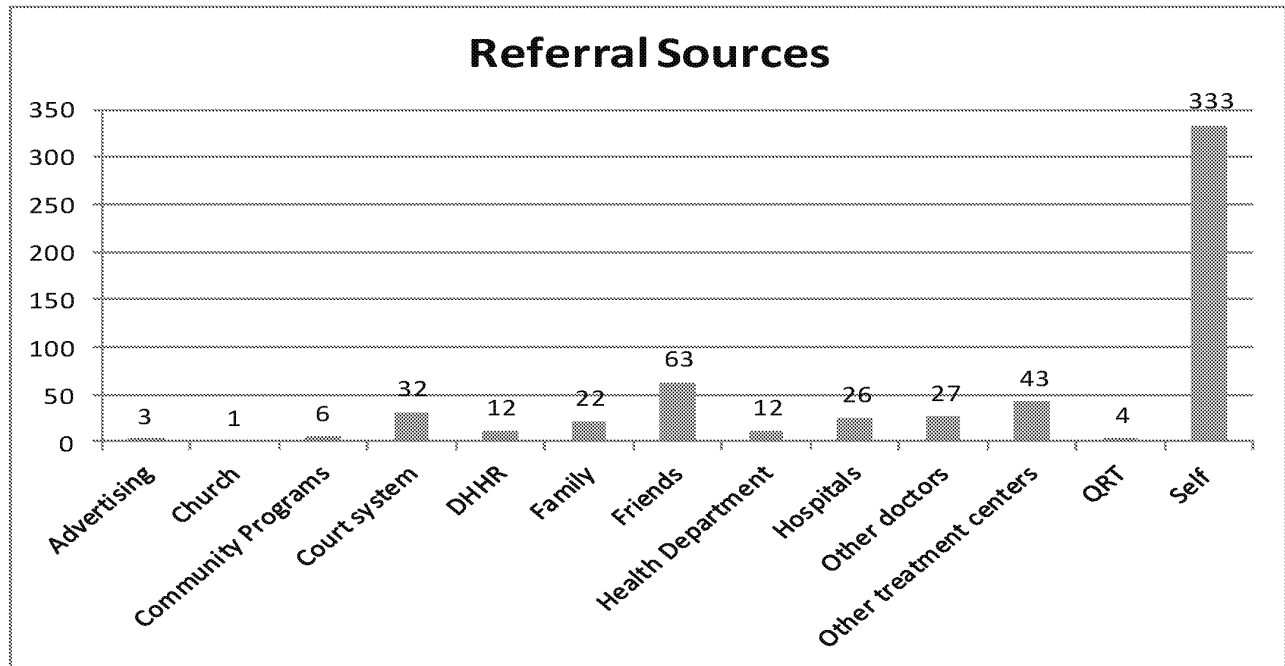


The majority of our patients (72%) come from Cabell County with the next highest number (10%) being from the adjacent Wayne County. Only 9% of patients come from out of state and those are all less than an hour away from PROACT. April continued this trend with Cabell and Wayne counties being the source for the majority of admissions.



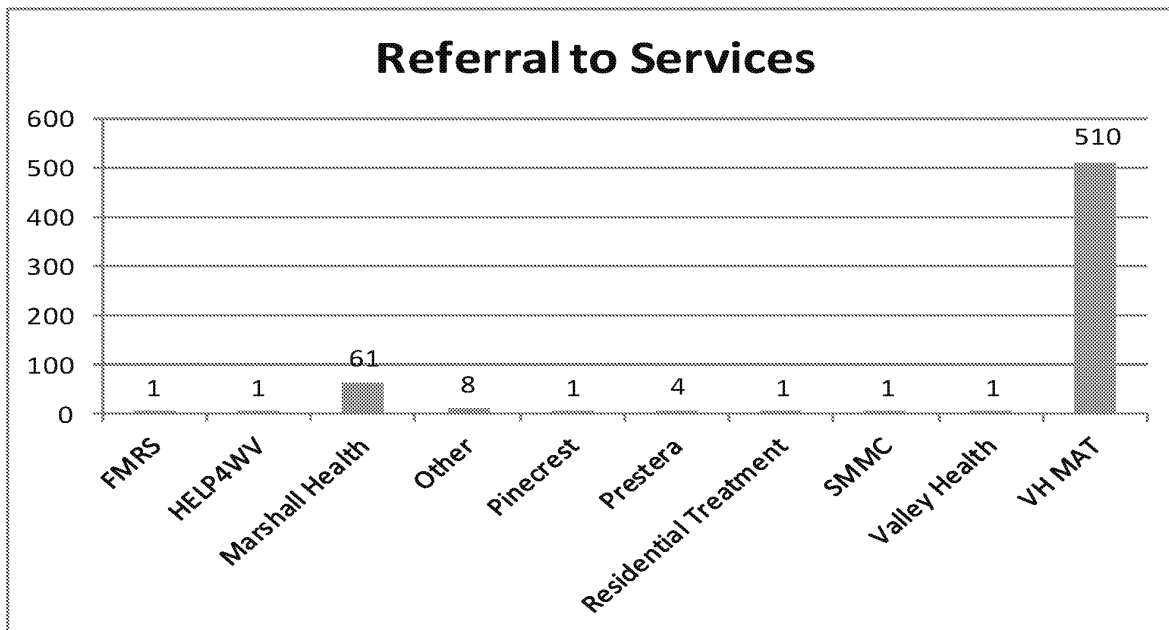
REFERRAL SOURCES

Our primary referral source remains mostly self-referred walk-ins. "Friends" is the second most identified category, but we are starting to see increased referrals from hospitals, the court system and other treatment centers.

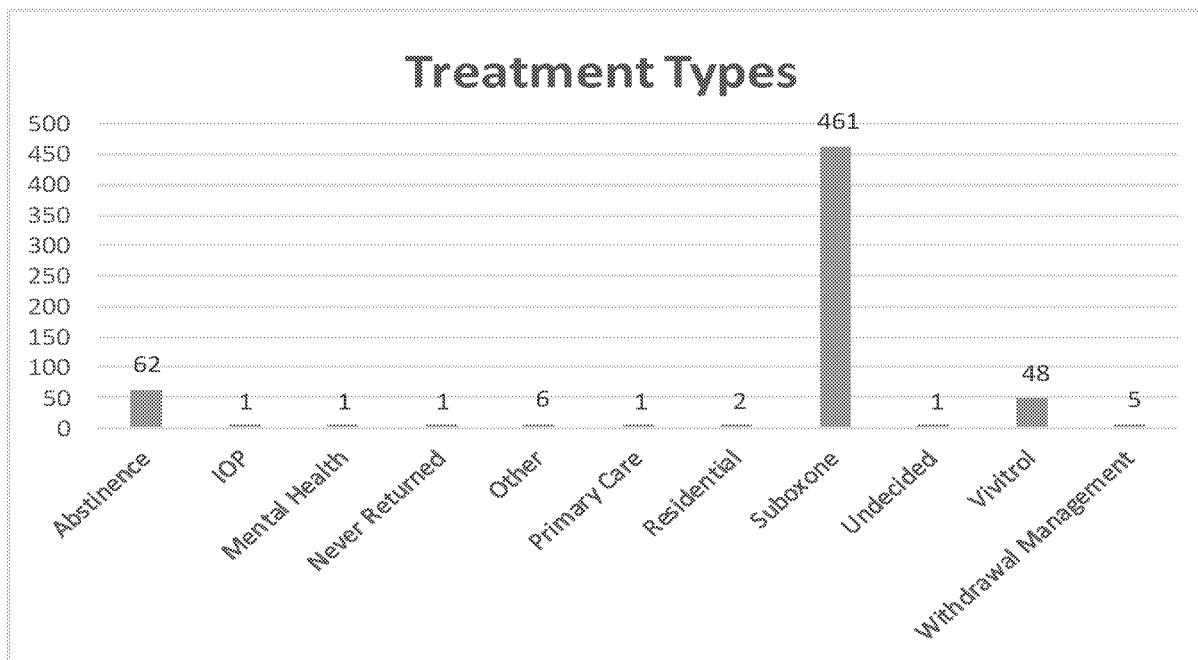


TREATMENT REFERRALS

Medication Assisted treatment continues to be the primary referral for patients following intake with the total referred to as of 3/31/19 being 88% of all cases agreeing for follow up care.

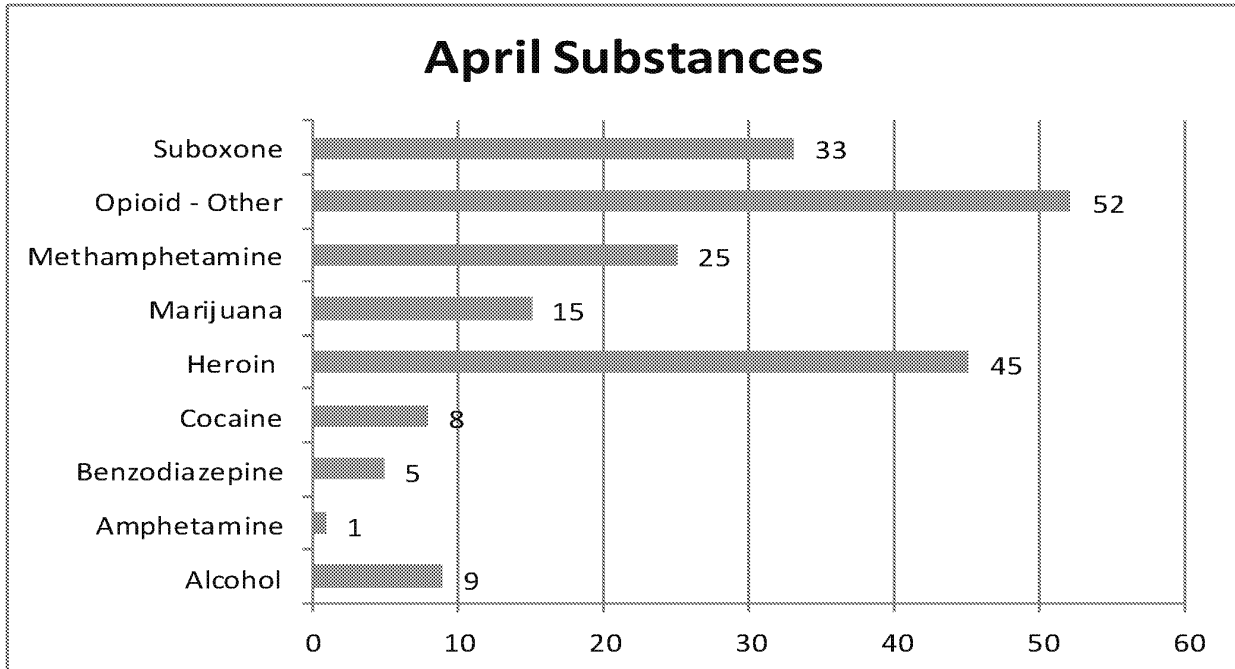


The majority of our intakes (377) were referred for MAT services, mostly Suboxone, though 34 requested Vivitrol. Withdrawal management services were accessed in 4 of the cases, Residential Treatment referral in 2 cases, and 46 individuals requested abstinence based treatment services.

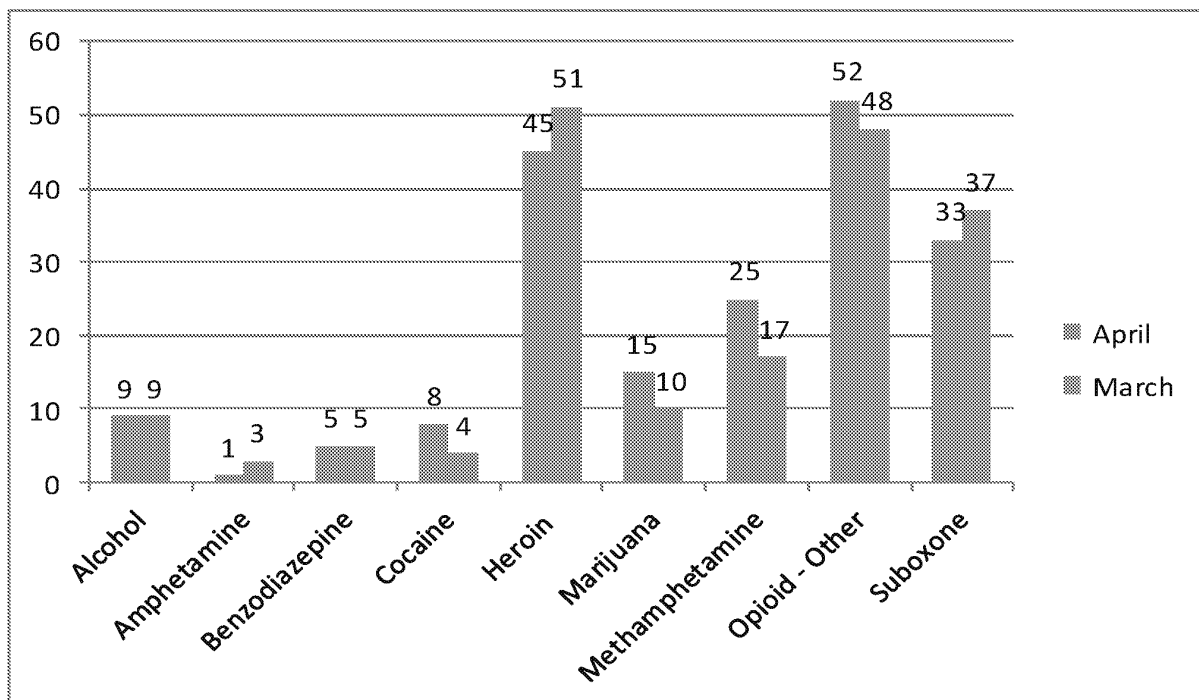


SUBSTANCE USE

Heroin remains the primary substance of use reported at time of admission with other opioids being the second most often reported. Reports of methamphetamine use continue to increase.

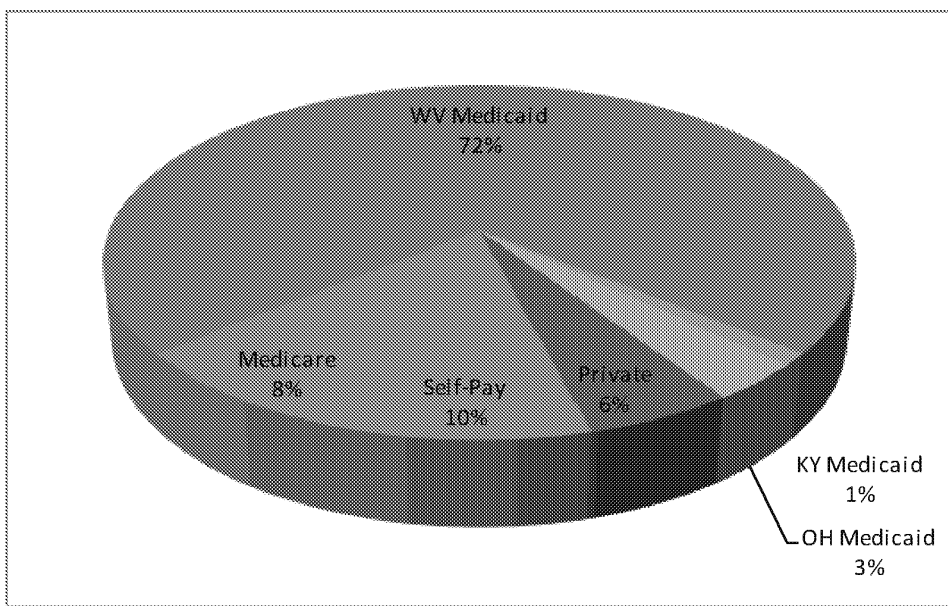
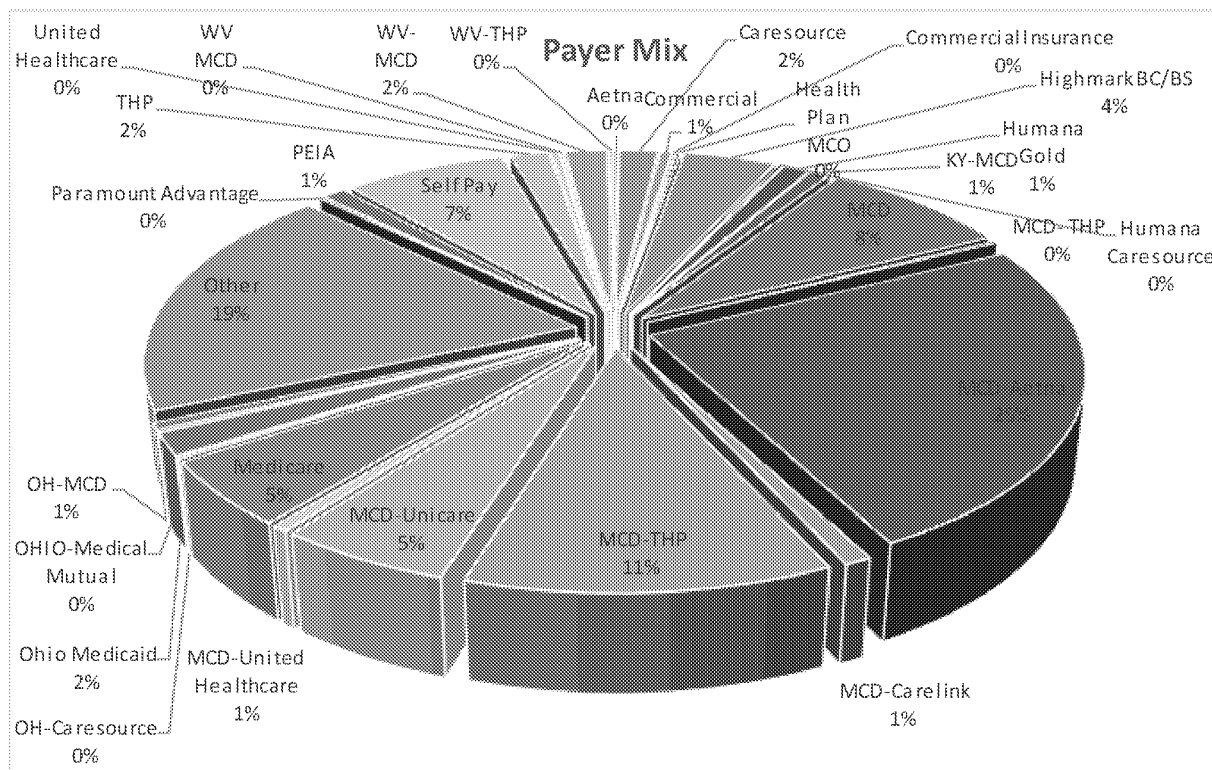


March intakes showed an almost even split (51/48) between heroin and other opioids. Suboxone was the third most often reported substance of abuse constituting 20% of substances abused.



PAYER MIX

The payer mix for patients has been primarily WV Medicaid (67%) with Private insurance being the next most common payer (12%) followed by Self-Pay (10%). Medicare made up 7% of the payer mix and KY and OH Medicaid were at 1% and 3% respectively.



Submitted by:

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